

CLAIMS ONLY							Application Number 10669889		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1	/						51				
2		/					52				
3		/					53				
4	/						54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep							Total				
Total Depend							Indep				
Total Claims							Total Depend				
							Total Claims				

Applicant(s)

Filing Date

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